



Complaint Form Instructions and Procedure

Print

Please contact the **Office of Regulatory Staff (ORS)** at 803-737-5230 (Columbia, SC) or 800-922-1531 (toll free) to attempt to informally resolve this issue prior to filing an official complaint with the Commission.

A. To file an official complaint:

1. Complete the **Complaint Form** below.
 - a.) The form may be completed online, then printed and mailed or faxed to the Commission.
 - b.) Alternately, a blank copy of the form may be printed, filled out, and then mailed or faxed to the Commission.
2. Individuals do not need to have legal representation to represent themselves before the Commission, but a corporation, partnership, limited liability company, or group of people or association must be represented by legal counsel. Neither the Commission nor the ORS can provide legal advice.
3. If additional documentation is necessary to supplement your complaint, attach it to the form. **Do not attach any documentation that contains personal identifying information such as social security numbers, driver's license numbers, checking account numbers, federal identification numbers, etc. without first deleting this information from the document.**
4. The Commission hears matters involving regulated utilities, but cannot award any monetary damages other than refunds for overpayments.
5. Complete the Verification section of the form. The form must be dated and signed before it will be processed. The information presented in the complaint form will serve as your pre-filed testimony for your case. It is important that your Statement of Facts be accurate and concise.

B. Your complaint will be processed by the Docketing Department and assigned a docket number.

C. A Hearing Examiner will be appointed to your case.

D. You will receive a letter notifying you of the date of your hearing before the Commission.

E. After the Docketing Department has assigned a docket number, you can review your case online by accessing the Commission's **Docket Management System (DMS)** (<http://dms.psc.sc.gov/dockets>). To view your case, enter the docket number assigned to your case. The docket number is in the format yyyy-nnn-l (e.g. 2009-401-E) and will be located on any correspondence to you from the Commission.

F. After the docket is established, any mailings or requests to the Commission must be copied to all parties of record listed in the docket.

G. **You must continue to make timely payments on any undisputed amounts on your account while your case is pending before the Commission or your service may be disconnected.**



Complaint Form

Print

Date: _____

Complainant or Legal Representative Information: * Required Fields

Name * _____
Firm (if applicable) _____
Mailing Address * _____
City, State Zip * _____, _____ Phone * _____
E-mail * _____

Name of Utility Involved in Complaint: * _____

Type of Complaint (check appropriate box below.) *

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input type="checkbox"/> Other (be specific) _____ | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☐ Yes ☐ No **Name of ORS Contact:** _____

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

STATE OF SOUTH CAROLINA)
COUNTY OF _____)

VERIFICATION

I, _____ verify that I have read my complaint filed on _____
Complainant's Name * Date *

and know the contents thereof, and that said contents are true. _____
Complainant's Signature *

Internal Use Only

Processed By	Date
H.E.	